

AMENDMENTS TO THE SPECIFICATION

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B¹ It has been observed that whenever the graft ligament is secured remote from the interior of the joint 26 (i.e., in the middle of the bone tunnel or adjacent to an outer surface of the bone), the graft ligament 10 will be relatively unsupported at the point where the ligament 10 passes from the bone tunnel into the interior of the joint. As a result, as the knee flexes back and forth through its natural range of motion (Fig. 7), the graft ligament moves about within the mouth 28 of the bone tunnel, rubbing against the walls of the bone tunnel. Over time, this can cause damage to the graft ligament and ~~the~~ wear down the mouth 28 of the bone tunnel, both to the serious detriment of the patient. It can also result in enlargement of the entire tunnel diameter, e.g., as [show] shown at 30. Less than a tight fit may result in incursion of synovial fluid into the tunnel, which is hypothesized to contribute to the tunnel-widening phenomenon.

Page 15, second paragraph, continuing onto page 16:

B²
In some cases, it may be necessary to redo, or "revise", an earlier ACL reconstruction. This frequently involves forming a new bone tunnel hole adjacent to the old bone tunnel hole. If the old bone tunnel hole 50 occupied a less than ideal position in the host bone 52, it is generally desirable to place the new bone tunnel hole 54 in a better position than the old bone tunnel hole. In some circumstances, the new bone tunnel hole will be placed so close to the old bone tunnel ~~50~~ hole 50 that the two will actually overlap (Fig. 17). In this case, there may be a danger of a graft ligament strand 10 "falling" out of the new bone tunnel hole and into the old bone tunnel hole, e.g., as ~~show~~ shown at 56. With the present invention, a peripheral shim 34 may be used (Fig. 18) so as to close off the new bone tunnel hole 54 from the old bone tunnel hole 50, so as to keep the graft ligament strand from falling into the old bone tunnel hole 50.
